



2005

FORM 1120B-ES/ME

MAINE ESTIMATED TAX  
PAYMENT VOUCHER FOR

# FINANCIAL INSTITUTIONS



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\*0534310\*

VOUCHER 1 - Due April 15

(15th day of the fourth month for fiscal year taxpayers).

Enter beginning and ending dates for the <b>entire tax year</b> (NOT the quarter dates)			If this payment is for a short year period, enter the next filing period below										
MM	DD	YY	to	MM	DD	YY	MM	DD	YY	to	MM	DD	YY
							\$						
Financial Institution Name							Amount of Payment						
Address							Federal Identification Number						
City, Town, or Post Office							State		ZIP Code		Date Installment Due		



Detach this voucher and make check payable to **TREASURER, STATE OF MAINE**. Mail both to:  
Maine Revenue Services, P.O. Box 1062, Augusta, ME 04332-1062.



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VOUCHER 2 - Due June 15

(15th day of the sixth month for fiscal year taxpayers).

Enter beginning and ending dates for the <b>entire tax year</b> (NOT the quarter dates)			If this payment is for a short year period, enter the next filing period below										
MM	DD	YY	to	MM	DD	YY	MM	DD	YY	to	MM	DD	YY
							\$						
Financial Institution Name							Amount of Payment						
Address							Federal Identification Number						
City, Town, or Post Office							State		ZIP Code		Date Installment Due		



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VOUCHER 3 - Due **September 15**  
(15th day of the **ninth** month for fiscal year taxpayers).

Enter beginning and ending dates for the <b>entire tax year</b> (NOT the quarter dates)			If this payment is for a short year period, enter the next filing period below										
MM	DD	YY	to	MM	DD	YY	MM	DD	YY	to	MM	DD	YY
							\$						
Financial Institution Name							Amount of Payment						
Address							Federal Identification Number						
City, Town, or Post Office							State		ZIP Code		Date Installment Due		



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VOUCHER 4 - Due **December 15**  
(15th day of the **twelfth** month for fiscal year taxpayers).

Enter beginning and ending dates for the <b>entire tax year</b> (NOT the quarter dates)			If this payment is for a short year period, enter the next filing period below										
MM	DD	YY	to	MM	DD	YY	MM	DD	YY	to	MM	DD	YY
							\$						
Financial Institution Name							Amount of Payment						
Address							Federal Identification Number						
City, Town, or Post Office							State		ZIP Code		Date Installment Due		



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